

Kansas Women's Health Survey 2003-2004

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Interviewer's Script:

HELLO, I'm calling for the Kansas Department of Health and Environment. My name is (name). We're gathering information on the health of Kansas residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number)? **If "no":** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? **If "no":** Thank you very much, but we are only interviewing private residences. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of Adults

If Number of Adults > 1 How many of these adults are women?

___ Number of Women

If Number of Women = 0 Thank you for your cooperation, but we are only interviewing women ages 18 and older at this time.

If Number of Adults > 1 How many of these adults are men?

___ Number of Men

Selected Adult

If Number of Women > 1 The person in your household I need to speak with is the _____. Are you the (selected adult)?

If "yes" Continue.

If "no" May I speak with the (selected adult)?

One adult

If Number of Women = 1

Are you the adult?

If "yes" Then you are the person I need to speak with.

If "no" May I speak with her?

To correct respondent: HELLO, I'm (name) calling for the Kansas Department of Health and Environment. We're doing a special study on the health of Kansas women. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health

practices. I won't ask for your name, address, or other personal information that can identify you, and once we have completed our study, your phone number will not be kept with the information you provide. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is: (genhlth)

[Please read]:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- or
- 5 Poor

[Do not read]:

- 7 Don't know/Not sure
- 9 Refused

1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (physhlth)

- __ Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (menthlth)

- __ Number of days
- 8 8 None **If Q1.2 also "None", skip to next section**
- 7 7 Don't know/Not sure
- 9 9 Refused

1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (poorhlth)

- Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 2: Health Care Access

2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (hlthplan)

- 1 Yes
- 2 No **Skip to 2.5**
- 7 Don't know / Not sure **Skip to 2.5**
- 9 Refused **Skip to 2.5**

2.2 What type of health care coverage do you use to pay for most of your medical care? (2000C) (typcovr1)

Is it coverage through:

Please Read:

- 01 Your Employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service (or the Alaska Native Health Service)
- 08 Some other source

Do not read:

- 77 Don't know / not sure
- 99 Refused

2.3 Is there a book, a certain number you are supposed to call, or a website you are supposed to access with a list of doctors associated with your **[fill in type (Medicare / Medicaid / health coverage) from Q2.2]** plan? (BRFSS module '96-'99 w/ wording change) (doctlst2)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2.4. Does your **[fill in type (Medicare/Medicaid/health coverage) from Q2.2]** plan require you to select a certain doctor or clinic for all of your routine care? (BRFSS core '96 - '99) (certdoct)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2.5 Do you have one person you think of as your personal doctor or health care provider? **(If "No," ask: "Is there more than one or is there no person who you think of?")** (persdoc2)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

2.6 Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? (medcost)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2.7 About how long has it been since you last visited a doctor for a routine checkup? (BRFSS core 2000) (checkup)

(Interviewer: A routine checkup is a general physical exam "not an exam for a specific injury, illness, or condition.)

Read Only if Necessary :

- 1 Within the past year (Anytime less than 1 year ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 8 Never
- 9 Refused

Section 3: Cardiovascular Disease Awareness

- 3.1 What do you think is the one greatest health problem facing women today? (AHA w/ response categories added post Cowley) (grtprob, othprob)

[Interviewer: Do not read the following responses]

- 1 Alcoholism/alcohol abuse
- 2 Breast Cancer
- 3 Cervical Cancer
- 4 Cancer (in general or other specific type)
- 5 Cost of medical/health care
- 6 Diabetes
- 7 Doctors not listening, understanding or taking patient seriously about problems or concerns
- 8 Drug abuse or addiction
- 9 Flu or Pneumonia
- 10 Heart disease
- 11 HIV/AIDS
- 12 Injuries / Accidents
- 13 Lack of doctors / Shortage of doctors
- 14 Mental illnesses / depression
- 15 No health insurance / Cost of insurance / Insurance changes and problems
- 16 Overweight or obesity
- 17 Smoking
- 18 Stress
- 19 Stroke
- 20 Suicide
- 21 Teen Pregnancy
- 22 Terrorism / bioterrorism
- 23 Violence / Violent crime
- 24 Other (specify: _____)
- 25 Arthritis
- 77 Don't know / Not sure
- 99 Refused

- 3.2 As far as you know, what is the leading cause of death for all women? (AHA) (leadcod, othcod)

[Interviewer: Do not read the following responses]

- 1 Alcoholism/alcohol abuse
- 2 Breast Cancer
- 3 Cervical Cancer
- 4 Cancer (in general or other specific type)
- 5 Diabetes
- 6 Drug abuse or addiction
- 7 Flu or Pneumonia
- 8 Heart disease
- 9 HIV/AIDS
- 10 Injuries / Accidents
- 11 Mental illnesses / depression
- 12 Overweight or obesity
- 13 Smoking
- 14 Stroke
- 15 Suicide
- 16 Terrorism / bioterrorism
- 17 Violence / Violent crime
- 18 Other (specify: _____)
- 77 Don't know / Not sure
- 99 Refused

- 3.3 Based on what you know, what are the major causes of heart disease? (AHA w/ response categories added post Cowley) (cohdl - cohdl9, othcohdl)

[Interviewer: Do not read the following responses, MARK ALL THAT APPLY]

- 1 A family history of heart disease
- 2 Aging
- 3 Being overweight
- 4 Diabetes
- 5 Drinking Alcohol
- 6 High Blood Pressure
- 7 High Cholesterol

- 8 High Triglycerides
- 9 Low level of estrogen
- 10 Menopause
- 11 Not exercising
- 12 Poor diet
- 13 Smoking
- 14 Stress
- 15 Stroke
- 16 Race
- 17 Other (specify: _____)
- 77 Don't know / Not sure
- 99 Refused

Now I would like to discuss ways to prevent heart disease.

3.4 Which of the following activities do you believe can prevent or reduce the risk of getting heart disease? (AHA) [RANDOMIZE ORDER]

a)..... Quitting smoking? (prevhda)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

b)..... Getting physical exercise? (prevhdb)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

c)..... Taking special vitamins like E, C or A? (prevhdc)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

d)..... Losing weight? (prevhdd)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

9 Refused

e)..... Reducing dietary cholesterol intake? (prevhde)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

f)..... Reducing stress? (prevhdf)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

g)..... Taking multivitamins with folic acid? (prevhdg)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

h)..... Taking pills containing estrogen only or estrogen plus progestin, also known as hormone replacement therapy? (prevhdh)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

i)..... Reducing sodium or salt in the diet? (prevhdi)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

j)..... Reducing animal products in your diet (such as meat, whole milk, butter and cream)?
(prevhdj)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

k)..... Aromatherapy? (prevhdk)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.5 What is your primary source for health related information? (Cowley) (sorcinfo, othinfo)

- 1 Newspaper
- 2 Radio
- 3 Television
- 4 Magazines
- 5 Web sites / Internet
- 6 Doctor or other health professional
- 7 Local health department
- 8 Educational materials or handouts
- 9 Personal references (friends, family, or neighbors)
- 10 Other Literature / Books / Media
- 11 Work / School / Classes
- 12 Self / Personal Experience
- 13 Insurance Company / Hospital
- 14 Other (specify:_____)
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (exerany2)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes? (diabetes)
(If "Yes", ask: "Was this only when you were pregnant?")

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: History of Cancer/Family History of Cancer

6.1 Have you ever been told by a doctor that you had cancer? (NC 2002) (hadcancer)

- 1 Yes
- 2 No **Go to Q6.5**
- 7 Don't know / Not sure **Go to Q6.5**
- 9 Refused **Go to Q6.5**

6.2 What type of cancer was it? (NC 2002) (typca1 - typca12, othtypca)
[MARK ALL THAT APPLY]

[Interviewer: If respondent indicates cancer type is Lymphoma be sure to clarify between Non-Hodgkins and Hodgkins. Code Hodgkins as "Other" and specify.]

- 01 Breast
- 02 Cervical
- 03 Colorectal
- 04 Lung
- 05 Skin
- 06 Uterine
- 07 Non-Hodgkins Lymphoma
- 08 Ovarian
- 09 Bladder
- 10 Other (specify: _____)
- 77 Don't know/Not sure
- 99 Refused

If answer to 6.2 > 1 cancer type then go to 6.3, else skip to 6.4.

6.3 Considering the most recent cancer, what type was it? (mstrecca, othca)

[Interviewer: If respondent indicates cancer type is Lymphoma be sure to clarify between Non-Hodgkins and Hodgkins. Code Hodgkins as "Other" and specify.]

- 1 Breast
- 2 Cervical
- 3 Colorectal
- 4 Lung
- 5 Skin
- 6 Uterine
- 7 Non-Hodgkins Lymphoma
- 8 Ovarian
- 9 Bladder
- 10 Other (specify: _____)
- 77 Don't know/Not sure
- 99 Refused

6.4 How long ago were you diagnosed with [if 6.2 > 1 then insert "the most recent cancer", else insert "cancer"] ? (KWHs) (lengxca)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

6.5 These next questions are about family history of cancer. We are specifically interested in the cancer history of your first-degree biological relatives, which includes only your mother, father, sister or half-sister, brother or half-brother, son, or daughter. Has anyone in your first-degree family ever been diagnosed with cancer? (KWHs) (relwca)

[Interviewer: Include half-siblings]

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

6.6 How is this person, or these people, related to you? (KWHs) (relca1 - relca8)

[MARK ALL THAT APPLY]

- 1 Mother
- 2 Sister / Half-sister
- 3 Daughter
- 4 Father
- 5 Brother / Half-brother
- 6 Son
- 7 Don't know/Not sure
- 9 Refused

If answer to 6.6 = 1:

- 6.7a What type of cancer did or does your biological mother have? (KWHS)
 (momca1 - momca12, othmomca)
[MARK ALL THAT APPLY]

[Interviewer: If respondent indicates cancer type is Lymphoma be sure to clarify between Non-Hodgkins and Hodgkins. Code Hodgkins as "Other" and specify.]

- 01 Breast
- 02 Cervical
- 03 Colorectal
- 04 Lung
- 05 Skin
- 06 Uterine
- 07 Non-Hodgkins Lymphoma
- 08 Ovarian
- 09 Bladder
- 10 Other (specify: _____)
- 77 Don't know/Not sure
- 99 Refused

If answer to 6.6 = 2:

- 6.7b What type of cancer did or does your biological sister or half-sister have? (KWHS)
 (sisca1 - sisca12, othsisca)
[MARK ALL THAT APPLY]

[Interviewer: If respondent indicates cancer type is Lymphoma be sure to clarify between Non-Hodgkins and Hodgkins. Code Hodgkins as "Other" and specify.]

IF RESPONSE INCLUDES MORE THAN ONE SISTER, INCLUDE CODE 55.

- 01 Breast
- 02 Cervical
- 03 Colorectal
- 04 Lung
- 05 Skin
- 06 Uterine
- 07 Non-Hodgkins Lymphoma
- 08 Ovarian
- 09 Bladder
- 10 Other (specify: _____)
- 55 Responses include two or more sisters
- 77 Don't know/Not sure
- 99 Refused

If answer to 6.6 = 3:

- 6.7c What type of cancer did or does your biological daughter have? (KWHS)
(dauca1 - dauca12, othdauca)
[MARK ALL THAT APPLY]

[Interviewer: If respondent indicates cancer type is Lymphoma be sure to clarify between Non-Hodgkins and Hodgkins. Code Hodgkins as "Other" and specify.]

IF RESPONSE INCLUDES MORE THAN ONE DAUGHTER, INCLUDE CODE

55.

- 01 Breast
- 02 Cervical
- 03 Colorectal
- 04 Lung
- 05 Skin
- 06 Uterine
- 07 Non-Hodgkins Lymphoma
- 08 Ovarian
- 09 Bladder
- 10 Other (specify: _____)
- 55 Responses include two or more daughters
- 77 Don't know/Not sure
- 99 Refused

If answer to 6.6 = 4:

- 6.7d What type of cancer did or does your biological father have? (KWHS)
(dadca1 - dadca12, othdadca)

[MARK ALL THAT APPLY]

[Interviewer: If respondent indicates cancer type is Lymphoma be sure to clarify between Non-Hodgkins and Hodgkins. Code Hodgkins as "Other" and specify.]

- 1 Prostate
- 2 Colorectal
- 3 Lung
- 4 Skin
- 5 Non-Hodgkins Lymphoma
- 6 Bladder
- 7 Don't know/Not sure
- 8 Other (specify: _____)
- 9 Refused

If answer to 6.6 = 5:

- 6.7e What type of cancer did or does your biological brother or half-brother have? (KWHS)
(broca1 - broca12, othbroca)

[MARK ALL THAT APPLY]

[Interviewer: If respondent indicates cancer type is Lymphoma be sure to clarify between Non-Hodgkins and Hodgkins. Code Hodgkins as "Other" and specify.]

IF RESPONSE INCLUDES MORE THAN ONE BROTHER, INCLUDE CODE 10.

- 01 Prostate
- 02 Colorectal
- 03 Lung
- 04 Skin
- 05 Non-Hodgkins Lymphoma
- 06 Bladder
- 07 Don't know/Not sure
- 08 Other (specify: _____)
- 09 Refused
- 10 Responses include two or more brothers

If answer to 6.6 = 6:

- 6.7f What type of cancer did or does your biological son have? (KWHS)
(sonca1 - sonca12, othsonca)

[MARK ALL THAT APPLY]

[Interviewer: If respondent indicates cancer type is Lymphoma be sure to clarify between Non-Hodgkins and Hodgkins. Code Hodgkins as "Other" and specify.]

IF RESPONSE INCLUDES MORE THAN ONE SON, INCLUDE CODE 10.

- 01 Prostate
- 02 Colorectal
- 03 Lung
- 04 Skin
- 05 Non-Hodgkins Lymphoma
- 06 Bladder
- 07 Don't know/Not sure
- 08 Other (specify: _____)
- 09 Refused
- 10 Responses include two or more sons

Section 7: Services to Uninsured Women

- 7.1 To your knowledge, are there programs in your community that provide breast and cervical cancer screening services to women who do not have insurance? (KWHS) (comproca)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Osteoporosis

- 8.1 Osteoporosis, sometimes called thin or brittle bones, is a disease in which bones become fragile and more likely to break. Has a doctor, nurse, or other health professional discussed your personal risk of osteoporosis with you? (CT 2002) (rskosteo)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 8.2 A bone density test measures how much bone density you have in your hip, spine, arm, wrist, or heel. Have you ever had a bone density test? [IF NEEDED: A ROUTINE X-RAY DOES NOT MEASURE BONE DENSITY. INCLUDE TESTS (HEEL) THAT MAY ONLY TAKE A SHORT TIME.] (CT 2002) (bondnsty)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

9 Refused

8.3 Have you ever been told by a doctor that you have osteoporosis? (KWHS) (havosteo)

1 Yes

2 No **Go to 8.5**

7 Don't know / Not sure **Go to 8.5**

9 Refused **Go to 8.5**

8.4 Are you currently taking any medications prescribed by your doctor for treatment of your osteoporosis? (KWHS) (rxosteo)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

8.5 During the past month, did you take any products to supplement your calcium intake, such as Tums, Oscal, calcium fortified orange juice, or some other calcium supplement? (CT 2002, NJ 2001 w/ wording changes) (calcium)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Section 9: Hormone Replacement Therapy (CDC Optional Women's Health Module 1996-2000 - added HRT wording instead of estrogen pills)

9.1 Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. These hormones are sometimes referred to as hormone replacement therapy. Has your doctor discussed the benefits and risks of hormone replacement therapy with you? (hormrepl)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

9.2 Other than birth control pills, has your doctor ever prescribed hormone replacement

therapy for you? (rxhrt)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

9.3 Are you currently on hormone replacement therapy? (currhrt)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.4 How long were you or have you been on hormone replacement therapy? (KWHS)
(hrtlngth)

- 1 ____ Length of time in months
- 2 ____ Length of time in years
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

9.5 What type of hormone replacement therapy [if 9.3 = 2 insert " were you on", else insert "are you on"] ? Was it or is it estrogen only or a combination of estrogen and progestin?
(typhrt, othtyhrt)

[Interviewer: If respondent says they don't know what type probe for brand name and specify the brand name in 'other']

- 1 Estrogen only
- 2 Estrogen and progestin
- 3 Other (specify: _____)
- 4 Premarin
- 7 Don't know / Not sure
- 9 Refused

9.6 For what reasons [if 9.3 = 2 insert " were you on", else insert "are you on"] hormone replacement therapy? (reashrt1 - reashrt6, othrshrt)

[MARK ALL THAT APPLY]

Interviewer: DO NOT READ

- 1 To prevent heart attack
- 2 To treat or prevent bone thinning, bone loss, or osteoporosis
- 3 To treat symptoms of menopause such as hot flashes
- 4 Other (specify: _____)

- 5 Had a hysterectomy
- 6 Menstrual regulation/Correct menstrual problems
- 7 Don't know / Not sure
- 9 Refused

If Q9.2 = 1 and Q9.3 = 2 go to Q9.7, else skip to next section

9.7 What was the main reason why you quit taking hormone replacement therapy? (KWHS)
(mnqthrt, othmnqt)

[Interviewer: If respondent answers “news reports” or “media”, please probe to see what was topic was being reported.]

[DO NOT READ]

- 1 Heart Disease Risk
- 2 Cancer Risk
- 3 Both Heart Disease Risk and Cancer Risk
- 4 Side effects of hormone replacement therapy
- 5 Doctor's advice
- 6 Other (specify: _____)
- 10 Media reported risks scared them
- 11 Felt that she did not need it anymore

- 7 Don't know / Not sure
- 9 Refused

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life? (smoke100)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

10.2 Do you now smoke cigarettes every day, some days, or not at all? (smokeday)

- 1 Everyday
- 2 Some days
- 3 Not at all
- 9 Refused

Section 11: Tobacco Smoke Exposure

Ask if number of adults in household (screener) >1

11.1 Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes? (ATS) (numsmoke)

_____ # of adults

88. None

77. Don't know/Not sure

99. Refused

11.2 During the past 7 days, that is since [DATEFILL], how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? (ATS) (numdaysk)

1. One day

2. Two days

3. Three days

4. Four days

5. Five days

6. Six days

7. Seven days

88. Less than 1 day/rarely/none

77. Don't know/Not sure

99. Refused

11.3 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches. (ATS) (houssmk2)

READ:

1. Smoking is not allowed anywhere inside your home

2. Smoking is allowed in some places or at some times

3. Smoking is allowed anywhere inside the home

7. Don't know/Not sure

9. Refused

Section 12: Alcohol Consumption

12.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (drnkany3)

1__ __ Days per week
2__ __ Days in past 30
8 8 8 No drinks in past 30 days [**Go to next section**]
7 7 7 Don't know / Not sure
9 9 9 Refused [**Go to next section**]

12.2 On the days when you drank, about how many drinks did you drink on the average?
(alcohol2)

__ __ Number of drinks
7 7 Don't know / Not sure
9 9 Refused

12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did
you have 5 or more drinks on an occasion? (drnk2ge5)

__ __ Number of times
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Section 13: Excess Sun Exposure

13.1 The next two questions are about intentional sun exposure or the use of tanning services
at a salon for the purpose of obtaining a tan. During the past 12 months, how many times
did you visit a tanning salon? (KWHS) (tansalon)

__ __ __ Number of times
8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

13.2 During the past 12 months, how many times did you lay out in the sun or engage in other
outdoor activities with the intent of obtaining a tan? (KWHS) (obtntan)

__ __ __ Number of times
8 8 8 None
7 7 7 Don't know / Not sure
9 9 9 Refused

- 13.3 The next questions are about what you do to protect your skin when you go outside. When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock? (1999, 2000 BRFSS Module) (sunblock)

[INTERVIEWER: Summer means June, July, and August. Sunny is what the respondent considers sunny.]

Would you say:

Please Read

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- or
- 5 Never **Go to Q13.5**

Do not read

- 8 Don't stay out more than an hour **Go to Q13.5**
- 7 Don't know / Not sure **Go to Q13.5**
- 9 Refused **Go to Q13.5**

- 13.4 What is the Sun Protection Factor or SPF of the sunscreen you use most often? (1999, 2000 BRFSS Module) (spfnum)

- Enter SPF Number
- 77 Don't know / Not sure
- 99 Refused

- 13.5 The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months? (2003 BRFSS Core) (sunburn)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 13.6 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (2003 BRFSS Core) (numburn)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 14: Demographics

14.1 What is your age? (age)

— — Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

14.2 Are you Hispanic or Latino? (hispanc2)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.3 Which one or more of the following would you say is your race? (race1-race7)

Check all that apply.

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- Or
- 6 Other (specify: _____)

Do not read:

- 8 No Additional choices
- 7 Don't know / Not sure
- 9 Refused

If more than one response to Q14.3, continue. Otherwise, go to Q14.5

14.4 Which one of these groups would you say best represents your race? (orace2)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other (specify: _____)
- 7 Don't know / Not sure
- 9 Refused

14.5 Are you? (marital)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- Or
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

14.6 How many children less than 18 years of age live in your household? (children)

- ___ ___ Number of children
- 8 8 None
- 9 9 Refused

14.7 What is the highest grade or year of school you completed? (educa)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)

- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

14.8 Are you currently? (employ)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- Or
- 8 Unable to work

Do not read:

- 9 Refused

If "employed", "self-employed", "student", or "retired" to core Q14.8, continue. Otherwise go to Q14.10.

14.9 You indicated you were (a) [insert response from core, Q14.8]. On the average, how many hours per week, **if any**, do you work at a job or business? (2003 KS State-added Occupation and Absenteeism Module) (hrswork)

- __ Number of hours (**76 = 76 or more hours**)
- 88 Do not work/None
- 77 Don't know/Not sure
- 99 Refused

14.10 Is your annual household income from all sources? (income2)

[If respondent refuses at ANY income level, code '99 Refused']

Read as appropriate:

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02

(\$15,000 to less than \$20,000)

02 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)

01 Less than \$10,000 If "no," code 02

05 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)

06 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)

07 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read:

77 Don't know / Not sure

99 Refused

14.11 About how much do you weigh without shoes? (weight)

[Round fractions up]

— — — Weight
pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.12 How much would you like to weigh? (likeweight)

— — — Weight
pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.13 About how tall are you without shoes? (height)

[Round fractions up]

—/— — Height
ft / inches

7 7 7 Don't know / Not sure

9 9 9 Refused

14.14 What county do you live in? (ctycode)

___ ___ ___ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

14.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (numhhol2)

1 Yes
2 No [Go to Q14.17]
7 Don't know / Not sure [Go to Q14.17]
9 Refused [Go to Q14.17]

14.16 How many of these phone numbers are residential numbers? (numphon2)

___ Residential telephone numbers [6=6 or more]
7 Don't know / Not sure
9 Refused

14.17 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include when service is interrupted by weather or natural disasters. (nophon)

1 Yes
2 No
7 Don't know/ Not sure
9 Refused

If respondent 45 years old or older, go to next section.

14.18 To your knowledge, are you now pregnant? (pregnant)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 15: Breast and Cervical Cancer Screening

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a

mammogram? (BRFSS core) (hadmam)

- 1 Yes
- 2 No Go to **Q15.4 Skip**
- 7 Don't know/Not sure **Go to Q15.8**
- 9 Refused Go to **Q15.8**

15.2 At what age did you have your first mammogram? (KWHS) (age1mam)

__ __ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

15.3 How long has it been since you had your last mammogram? (BRFSS core) (howlong)

Read only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

15.4 Skip:

If respondent is aged 18-39 then go to Q. 15.8

If respondent is aged 40 or older and Q. 15.1 is "No" then go to Q. 15.4

If respondent is aged 40 or older and Q. 15.3 is coded 3, 4, or 5 then go to Q. 15.5

If respondent is aged 40 or older and Q. 15.3 is coded 1, 2, 7, or 9 then go to Q. 15.6

15.4. What is the main reason why you have never had a mammogram? (KS 1997)
(whynomam, othmamrs)

- 01 Doctor did not suggest it/No referral **Go to 15.8**
- 02 I did not need one/not necessary/no symptoms **Go to 15.8**
- 03 Cost/No insurance/Can't afford **Go to 15.8**
- 04 Hurts/Painful **Go to 15.8**
- 05 Don't Know Where to Go **Go to 15.8**
- 06 No time/Too busy **Go to 15.8**
- 07 Fear of what it might find **Go to 15.8**
- 08 Other (specify: _____) **Go to 15.8**

- 09 No reason **Go to 15.8**
 - 77 Don't know/Not sure **Go to 15.8**
 - 99 Refused **Go to 15.8**
- 15.5 What is the main reason why you did not have a mammogram during the past two years? (KS 1997) (nomam2yr, othrs2ma)
- 01 Doctor did not suggest it/No referral
 - 02 I did not need one/not necessary/no symptoms
 - 03 Cost/No insurance/Can't afford
 - 04 Hurts/Painful
 - 05 Don't Know Where to Go
 - 06 No time/Too busy
 - 07 Fear of what it might find
 - 08 Other (specify: _____)
 - 09 No reason
 - 10 It has been within 2 years
 - 77 Don't know/Not sure
 - 99 Refused
- 15.6 Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (2000 BRFSS Core) (whydone)
- 1 Routine checkup
 - 2 Breast problem other than cancer
 - 3 Had breast cancer
 - 7 Don't Know/Not Sure
 - 9 Refused
- 15.7 How were the results of your last mammogram communicated to you? (KWHS) (rsltmmam, othmmamrl)
- 1 Phone call from doctor
 - 2 Phone call from nurse or other health care professional
 - 3 I called doctor's office or clinic to get results
 - 4 I called phone number for automated results
 - 5 Received results in the mail
 - 6 Other (specify: _____)
 - 8 Results were not communicated to me
 - 10 Received results at time of mammogram
 - 11 Told results by doctor in person at office or at next visit

- 7 Don't know / not sure
- 9 Refused

15.8 A clinical breast exam is when a doctor, nurse or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (BRFSS core) (profexam)

- 1 Yes
- 2 No **Go to Q15.11**
- 7 Don't know/Not sure **Go to Q15.11**
- 9 Refused **Go to Q15.11**

15.9 How long has it been since your last breast exam? (BRFSS core) (lengexam)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

15.10 Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (2000 BRFSS Core) (reaseexam)

- 1 Routine checkup
- 2 Breast problem other than cancer
- 3 Had breast cancer
- 7 Don't know / Not sure
- 9 Refused

15.11 Have you ever done a breast self exam? (KS 1997 with name change) (selfbrst)

- 1 Yes
- 2 No **Go to Q15.14**
- 7 Don't know/Not sure **Go to Q15.15**
- 9 Refused **Go to Q15.15**

15.12 How long as it been since you last did a breast self examination? (KS 1997 with name change) (lstselbe)

Read only if necessary

- 1 Within the past month (Anytime less than one month ago)
 - 2 Within the past 3 months (1 month to less than 3 months ago)
 - 3 Within the past 6 months (3 months to less than 6 months ago)
 - 4 Within the past 12 months (6 months to less than 12 months ago)
 - 5 More than a year ago (1 or more years ago)
 - 7 Don't know / Not sure
 - 9 Refused
- 15.13 How did you learn to do a breast self examination? (KS 1997 with name change) (lrnsbe, othlrnsb)
- 1 Doctor **Go to Q15.15**
 - 2 Nurse **Go to Q15.15**
 - 3 Other health care professional **Go to Q15.15**
 - 4 Friend or Relative **Go to Q15.15**
 - 5 Book, pamphlet, or video **Go to Q15.15**
 - 6 No instruction **Go to Q15.15**
 - 8 Other (specify: _____) **Go to Q15.15**
 - 10 Class, seminar, clinic, health fair **Go to Q15.15**
 - 11 Medical training/Job related training **Go to Q15.15**
 - 12 High school class/College class **Go to Q15.15**
 - 13 Television Program **Go to Q15.15**
 - 7 Don't Know/Not sure **Go to Q15.15**
 - 9 Refused **Go to Q15.15**
- 15.14 What is the main reason why you have never done a breast self examination? (KS 1997 with name change) (noselfbe, othnosbe)
- 1 I don't know how to
 - 2 Embarrassing
 - 3 Hurts / Painful
 - 4 Fear of finding a lump
 - 5 I don't need to / Not necessary
 - 6 No time / Too busy
 - 8 Other (specify: _____)
 - 7 Don't Know/Not sure
 - 9 Refused
- 15.15 A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (BRFSS Core) (hadpap)
- 1 Yes
 - 2 No **Go to Q15.19 Skip**
 - 7 Don't know/Not sure **Go to Q15.22 Skip**

9 Refused **Go to Q15.22 Skip**

15.16 At what age did you have your first pap smear? (KWHS) (age1pap)

— — Code age in years

0 7 Don't know / Not sure

0 9 Refused

15.17 How long has it been since you had your last Pap smear? (BRFSS Core) (lastpap)

Read Only if Necessary

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

7 Don't know/Not sure

9 Refused

15.18 Was your last pap smear done as part of a routine exam, or to check a current or previous problem? (2000 BRFSS Core) (whypap)

1 Routine exam

2 Check current or previous problem

3 Other

7 Don't know / Not sure

9 Refused

15.19 Skip:

If Q. 15.15 is "No" then go to Q. 15.19

If Q. 15.17 is coded 4 or 5 then go to Q.15.20

If Q. 15.17 is coded 1, 2, 3, 7, or 9 then go to Q. 15.21

15.19 What is the main reason why you have never had a pap smear test? (KS 1997)
(rspapsmr, othrspap)

01 Doctor did not suggest it / No referral **Go to Q15.22 Skip**

02 Don't need one / not necessary / no symptoms **Go to Q15.22 Skip**

03 Cost / No insurance / Can't afford **Go to Q15.22 Skip**

04 Hurts / Painful / Don't like it **Go to Q15.22 Skip**

- 05 Don't Know Where to Go **Go to Q15.22 Skip**
- 06 No time / Too busy **Go to Q15.22 Skip**
- 07 Fear of what it might find **Go to Q15.22 Skip**
- 08 Other (specify: _____) **Go to Q15.22 Skip**
- 09 No reason **Go to Q15.22 Skip**

- 77 Don't know/Not sure **Go to Q15.22 Skip**
- 99 Refused **Go to Q15.22 Skip**

15.20 What is the main reason why you did not have a pap smear test during the past three years? (KS 1997) (nopap3yr, othrs3ps)

- 01 Doctor did not suggest it/No referral
- 02 I did not need one/not necessary/no symptoms
- 03 Cost/No insurance/Can't afford
- 04 Hurts/Painful
- 05 Don't Know Where to Go
- 06 No time/Too busy
- 07 Fear of what it might find
- 08 Have had a hysterectomy
- 09 Other (specify: _____)
- 10 No reason
- 11 It has been within the past 3 years
- 77 Don't know/Not sure
- 99 Refused

15.21 How were the results of your last pap smear test communicated to you? (KWHS) (rsltpap, othpaprl)

- 1 Phone call from doctor
- 2 Phone call from nurse or other health care professional
- 3 I called doctor's office or clinic to get results
- 4 I called phone number for automated results
- 5 Received results in the mail
- 6 Other (specify: _____)
- 8 Results were not communicated to me
- 10 Told results by doctor in person at office or at next visit

- 7 Don't know / Not sure
- 9 Refused

15.22 SKIP:

If response to Q 14.18 is 1 (is pregnant) then go to next section.

If response to Q15.20 is 8 (have had a hysterectomy) then go to next section.

15.22 Have you had a hysterectomy? (hadhyst2)

[Note: A hysterectomy is an operation to remove the uterus (womb).]

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 16: Pregnancy (2 Questions from 1998 Family Planning Module)

If respondent is ages 18-44 continue, else skip to section 18.

If pregnant now ("Yes" to core Q14.18), go to Q16.3.

16.1 Have you been pregnant in the last 5 years? (preglst5)

- 1 Yes
- 2 No **Go to section 18**
- 7 Don't know/Not sure **Go to section 18**
- 9 Refused **Go to section 18**

16.2 Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (lstpreg, oth1feel)

Would you say:

Please Read

- 1 You wanted to be pregnant sooner **Go to Q17.1**
- 2 You wanted to be pregnant later **Go to Q17.1**
- 3 You wanted to be pregnant then **Go to Q17.1**
- 4 You didn't want to be pregnant then or at anytime in the future **Go to Q17.1**
- 5 Other (specify: _____) **Go to Q17.1**
- 7 You don't know **Go to Q17.1**

Do not read

- 9 Refused **Go to Q17.1**

16.3 Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (lstpreg2, oth2feel)

Would you say:

Please Read

- 1 You wanted to be pregnant sooner **Go to Q17.1**
- 2 You wanted to be pregnant later **Go to Q17.1**
- 3 You wanted to be pregnant then **Go to Q17.1**
- 4 You didn't want to be pregnant then or at anytime in the future **Go to Q17.1**
- 5 Other (specify: _____) **Go to Q17.1**
- 7 You don't know **Go to Q17.1**

Do not read

- 9 Refused **Go to Q17.1**

Section 17: Breastfeeding

17.1 Have you given birth to a child in the past 5 years? (KWHS) (brth5yrs)

- 1 Yes
- 2 No **If pregnant (Q 14.18 is 1) Go to Q17.13, else Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

17.2 What is the age of your youngest child? (or children if multiple births) (CWHS w/ wording change) (ygstborn)

- 1 ____ Age in months
- 2 ____ Age in years
- 7 7 7 Don't know / Not sure **Go to Q17.13 Skip**
- 9 9 9 Refused **Go to Q17.13 Skip**

17.3 Did you breastfeed your youngest child? (or children if multiple births) (CWHS w/ wording change) (didbstfd)

- 1 Yes **Go to 17.5 Skip**
- 2 No **Go to 17.4**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

17.4 **[Among women who did not breastfeed youngest child(ren)]** What factors led to your decision to not breastfeed your youngest child(ren)? (nobrst1-nobrst13, othbobfd)

MARK ALL THAT APPLY:

- 01 Health problems with me **Go to Q17.13 Skip**
- 02 Health problems with baby(ies) **Go to Q17.13 Skip**
- 03 Concerns about medications I was taking **Go to Q17.13 Skip**
- 04 Too much trouble / inconvenience **Go to Q17.13 Skip**

- 05 Did not want to **Go to Q17.13 Skip**
- 06 Discomfort / painful **Go to Q17.13 Skip**
- 07 Husband, boyfriend, or partner did not want me to **Go to Q17.13 Skip**
- 08 Wanted husband, boyfriend, partner to be able to feed child(ren) **Go to Q17.13 Skip**
- 09 Embarrassment **Go to Q17.13 Skip**
- 10 No place to breast pump at work **Go to Q17.13 Skip**
- 11 Other (specify: _____) **Go to Q17.13 Skip**
- 77 Don't know / Not sure **Go to Q17.13 Skip**
- 99 Refused **Go to Q17.13 Skip**

17.5 Skip:

If child < 3 years and "yes" to Q17.3, continue, else skip to Q17.6

17.5 Are you currently breastfeeding your youngest child? (or children if multiple births) (KWHS) (currbfd)

- 1 Yes **Go to Q17.7**
- 2 No **Go to Q17.6**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

17.6 How old was your youngest child when you stopped breastfeeding him or her? (or children if multiple births) (KWHS) (stopbfd)

- 1 _ _ Age in months
- 2 _ _ Age in years
- 5 5 5 Currently breastfeeding (child is 3 years old or older)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.7 **[Among women who breastfed youngest child(ren)]:** What factors motivated you to breastfeed your youngest child(ren)? (motivb1 - motivb10, othmotiv)

MARK ALL THAT APPLY:

- 01 Health benefits for baby (probe for distinction)
- 02 Health benefits for me (probe for distinction)
- 03 Support of husband, boyfriend, or partner
- 04 Support of family
- 05 Doctor recommendation
- 06 Nurse, Midwife or other health professional recommendation
- 07 Other (specify: _____)
- 77 Don't know / Not sure
- 99 Refused

If 17.5 = 1 “Yes” then continue, else skip to 17.11

17.8 **[Among current breastfeeders]:** Do you currently work outside the home? (KWHS) (wkoshome)

- 1 Yes
- 2 No **Go to Q17.13 Skip**
- 7 Don't know / Not sure **Go to Q17.13 Skip**
- 9 Refused **Go to Q17.13 Skip**

17.9 Do you have a place at your worksite where you can breast pump? (KWHS) (brstpump)

- 1 Yes
- 2 No **Go to Q17.13 Skip**
- 7 Don't know / Not sure **Go to Q17.13 Skip**
- 9 Refused **Go to Q17.13 Skip**

17.10 What kind of place is it? (KWHS) (wkdpplac, othkdpplc)

- 1 Private office **Go to Q17.13 Skip**
- 2 Designated lactation room **Go to Q17.13 Skip**
- 3 Bathroom **Go to Q17.13 Skip**
- 4 Other (specify: _____) **Go to Q17.13 Skip**
- 7 Don't know / Not sure **Go to Q17.13 Skip**
- 9 Refused **Go to Q17.13 Skip**

17.11 **[Among women who breastfed their youngest child(ren) and are not currently breastfeeding]** Did you breastfeed your youngest child(ren) as long as you wanted to? (bfdlong)

- 1 Yes **Go to Q17.13 Skip**
- 2 No
- 7 Don't know/Not sure **Go to Q17.13 Skip**
- 9 Refused **Go to Q17.13 Skip**

17.12 What was the main reason you stopped breastfeeding your youngest child(ren) before you wanted to? (reastpbf, othreastpbf)

- 01 Health problems with me
- 02 Health problems with baby(ies)
- 03 Concerns about medications I was taking
- 04 Return to work
- 05 Could not produce enough milk

- 06 Other (specify: _____)
- 77 Don't know / Not sure
- 99 Refused

17.13 Skip:

If Q 14.18 is 1 (is pregnant) then continue, else skip to 17.14

17.13 **[If pregnant]:** Previously you indicated that you are pregnant. Do you plan to breastfeed the child you are currently carrying? (KWHS) (planbfd)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

17.14 **[Among all women ages 18-44 who have been pregnant in the past 5 years]:** Has your doctor discussed the benefits of breastfeeding with you? (KWHS) (drbenbfd)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 18: Physical Activity

If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.

If "student" or "retired" to core Q14.8 and have hours worked reported to core Q14.9 continue, otherwise go to Q18.2.

18.1 When you are at work, which of the following best describes what you do? (jobactiv)
Would you say?

[Interviewer: If respondent has multiple jobs, include all jobs.]

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- or
- 3 Mostly heavy labor or physically demanding work

Do not read:

- 7 Don't know / Not sure
- 9 Refused

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities

cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

18.2 Now, thinking about the moderate activities you do **[fill in (when you are not working,) if "employed" or "self-employed", or "student" or "retired" with hours worked reported]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (modexer)

- 1 Yes
- 2 No **Go to Q18.5**
- 7 Don't know / Not sure **Go to Q18.5**
- 9 Refused **Go to Q18.5**

18.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?
(modexday)

- ___ Days per week
- 7 7 Don't know / Not sure **Go to Q18.5**
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **Go to Q18.5**
- 9 9 Refused **Go to Q18.5**

18.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (modextim)

- __:__ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.5 Now, thinking about the vigorous activities you do **[fill in (when you are not working,) if "employed" or "self-employed", or "student" or "retired" with hours worked reported]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (vigexer)

- 1 Yes
- 2 No **Go to next section**
- 7 Don't know / Not sure **Go to next section**
- 9 Refused **Go to next section**

18.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(vigexday)

___ ___ Days per week

7 7 Don't know / Not sure **Go to next section**

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **Go to next section**

9 9 Refused **Go to next section**

18.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (vigextime)

___:___ ___ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

Section 19: Disability

The following question is about health problems or impairments you may have.

19.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

(qlactlm2)

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

Section 20: Colorectal Cancer Screening

If respondent 49 years old or younger, go to next section

20.1 Has a doctor or nurse ever talked to you about being tested for colorectal cancer?

(CWHHS) (tstcolca)

1 Yes

2 No

7 Don't know / Not Sure

9 Refused

20.2 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (BRFSS Core 2002) (bldstool)

1 Yes **Go to 20.4**

- 2 No **Go to Q20.3**
- 7 Don't know/Not sure **Go to Q20.6**
- 9 Refused **Go to Q20.6**

20.3 What is the main reason that you have not had a blood stool test? (KWHS using response categories from CWHS) (reablslt, othbstre)

- 01 Doctor didn't recommend it **Go to Q20.6**
- 02 Cost / can't afford / no insurance to cover the cost **Go to Q20.6**
- 03 Embarrassment (it's embarrassing to have that kind of test) **Go to Q20.6**
- 04 The preparation for the test (a laxative) is uncomfortable or inconvenient **Go to Q20.6**
- 05 Afraid the test might show cancer **Go to Q20.6**
- 06 Heard bad things about these tests **Go to Q20.6**
- 07 Painful **Go to Q20.6**
- 08 I don't want it (I don't want a test like that done to me) **Go to Q20.6**
- 09 I don't need it (risk of colon cancer is low; haven't had any problems) **Go to Q20.6**
- 10 Other (specify: _____) **Go to Q20.6**
- 11 Haven't had time **Go to Q20.6**
- 77 Don't know / Not sure **Go to Q20.6**
- 99 Refused **Go to Q20.6**

20.4 How long has it been since you had your last blood stool test using a home kit? (BRFSS Core 2002) (longblds2)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

20.5 What was the main reason you had your last blood stool test? (KWHS using response categories from CWHS) (realstbs, othmnrbs)

- 01 Doctor / nurse recommended it
- 02 Saw or heard media messages about colorectal cancer screening
- 03 Had a friend or relative who recommended it
- 04 Had a friend or relative who has cancer

- 05 Experiencing symptoms that concerned me / bowel problems (blood in the stool, pain in the abdomen or stomach, change in bowel habits)
- 06 Routine checkup
- 07 Other (specify: _____)
- 77 Don't know / Not sure
- 99 Refused

20.6 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (BRFSS Core 2002) (hadsigm2)

- 1 Yes **Go to 20.8**
- 2 No **Go to 20.7**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

20.7 What is the main reason that you have not had a sigmoidoscopy or colonoscopy ? (KWHs using response categories from CWHs) (reasigm, othrssig)

- 01 Doctor didn't recommend it **Go to next section**
- 02 Cost / can't afford / no insurance to cover the cost **Go to next section**
- 03 Embarrassment (it's embarrassing to have that kind of test) **Go to next section**
- 04 The preparation for the test (a laxative) is uncomfortable or inconvenient **Go to next section**
- 05 Afraid the test might show cancer **Go to next section**
- 06 Heard bad things about these tests **Go to next section**
- 07 Painful **Go to next section**
- 08 I don't want it (I don't want a test like that done to me) **Go to next section**
- 09 I don't need it (risk of colon cancer is low; haven't had any problems) **Go to next section**
- 10 Other (specify: _____) **Go to next section**
- 11 Haven't had time **Go to next section**
- 77 Don't know / Not sure **Go to next section**
- 99 Refused **Go to next section**

20.8 How long has it been since you had your last sigmoidoscopy or colonoscopy? (BRFSS Core 2002) (lastsig2)

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)

- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

20.9 What was the main reason you had your last sigmoidoscopy or colonoscopy? (KWHS using response categories from CWHS) (realstsm, othmnrsg)

- 01 Doctor / nurse recommended it
- 02 Saw or heard media messages about colorectal cancer screening
- 03 Had a friend or relative who recommended it
- 04 Had a friend or relative who has cancer
- 05 Experiencing symptoms that concerned me / bowel problems (blood in the stool, pain in the abdomen or stomach, change in bowel habits)
- 06 Routine checkup
- 07 Other (specify: _____)
- 77 Don't know / Not sure
- 99 Refused

Section 21: Folic Acid

If respondent is 49 years old or older, go to closing

21.1 Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which of the following reasons... (recommen)

Please Read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- 4 or
- 5 Some other reason
- 7 Don't know/Not sure
- 9 Refused

If respondent is answers "To prevent birth defects" go to Q21. 2. If the respondent gives any response but "To prevent birth defects" then skip to Q21. 3.

21.2 When is it most important that a woman take the vitamin folic acid? (mstimpfa)

Would you say:

- 1 Before pregnancy
- 2 During pregnancy
- or
- 3 After pregnancy
- 7 Don't know/Not sure
- 9 Refused

21.3 Are you currently taking 400 micrograms of the vitamin folic acid each day? (curtakfa)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

21.4 Has a doctor ever talked with you about taking the vitamin folic acid? (drtalkfa)

- 1 Yes
- 2 No
- 5 Never asked this question *
- 7 Don't know/Not sure
- 9 Refused

* This question was added in the second month of survey implementation. So, those records called in the first month who should have been asked this question were given a 5.

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of women in Kansas. Thank you very much for your time and cooperation.

Langqst. **INTERVIEWER:** What language was the survey conducted in? (LanqQst)

- 1. English
- 2. Spanish